SEC Mall Processing Section UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

867840

OMB APPROVAL
OMB Number: 3235-0076
Expires: July 31, 2008
Estimated average burden
hours per response......16.00

SEC USE ONLY
Prefix Serial
DATE RECEIVED

Washington, DC 101

JUL 172008

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

Name of Offering (check if t				
Filing Under (Check box(es) tha	ıt apply): 🔲 Rule 504 🔲 Rul		of Precision Optics Corporatio Section 4(6) ☐ ULOE	n, inc. I (Aliii Bris) (Ani Diri Sma Aiidi 1970 (Ani Jisterbu
Type of Filing: New Filing				
Enter the information request	ted about the issuer	A. BASIC IDENTIFIC	ATIUN DATA	
Name of Issuer (check if this		s changed, and indicate c	hange.)	 08056577
Precision Optics Corporation,	Inc.			
Address of Executive Offices 22 East Broadway Gardner, MA 01440	(Number and Street, City, Sta	ite, Zip Code)	Telephone Number (978) 630-1800	(including Area Code)
Address of Principal Business C (if different from Executive Offi	•	City, State, Zip Code)	Telephone Number	(including Area Code)
Brief Description of Business	· · · · · · · · · · · · · · · · · · ·			
Develop and manufacture adv	anced optical instruments.			PROCESSED
Type of Business Organization ⊠ corporation	☐limited partnership, alread	y fonned	other (please specify):	PROCESSED
business trust	☐limited partnership, to be t	formed		
Actual or Estimated Date of Inco	orporation or Organization:	Month Year 1 2 8 2		Estimated HOMSON REUTERS
Jurisdiction of Incorporation or	Organization: (Enter two-letter	r U.S. Postal Service abbi		
		Canada; FN for other for	reign jurisdiction) MA	
GENERAL INSTRUCTIONS				
Federal: Who Must File: All issuers mak 77d(6).	ing an offering of securities in	reliance on an exemption	under Regulation D or Section 4	(6), 17 CFR 230.501 et seq. or 15 U.S.C.
	n the earlier of the date it is rec	eived by the SEC at the a	ddress given below or, if receive	emed filed with the U.S. Securities and d at that address after the date on which it is
Where to File: U.S. Securities a	and Exchange Commission, 450	Fifth Street, N.W., Wasl	hington, D.C. 20549.	
Copies Required: Five (5) copie photocopies of the manually sign			h must be manually signed. Any	copies not manually signed must be
				the issuer and offering, any changes thereto, the art E and the Appendix need not be filed with
Filing Fee: There is no federal	filing fee.			
that have adopted this form. Iss made. If a state requires the pay	uers relying on ULOE must file ment of a fee as a precondition	e a separate notice with the to the claim for the exen	ne Securities Administrator in eac	in those states that have adopted ULOE and the state where sales are to be, or have been t shall accompany this form. This notice shall and must be completed.
		ATTENTI	ON	
			exemption. Conversely, failure dicated on the filing of a federa	to file the appropriate federal notice al notice.
		· · · · · · · · · · · · · · · · · · ·		

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (5/91)

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - X Each promoter of the issuer, if the issuer has been organized within the past five years;
 - X Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - X Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

X Each general and managing partner of partnership issuers.	
Check Box(cs) that Apply: Promoter Beneficial Owner Execut	ive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)	
Special Situations Private Equity Fund, L.P.	
Business or Residence Address (Number and Street, City, State, Zip Code)	
527 Madison Avenue, Suite 2600, New York, NY 10022	. or
Check Box(es) that Apply: Promoter Beneficial Owner Execut	ive Officer Director General and/or Managing Partner
Special Situations Fund III QP, L.P.	
Business or Residence Address (Number and Street, City, State, Zip Code)	
527 Madison Avenue, Suite 2600, New York, NY 10022	
Check Box(es) that Apply: □ Promoter ☑ Beneficial Owner □ Execut	ive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)	
AIGH Investment Partners, LLC	
Business or Residence Address (Number and Street, City, State, Zip Code)	
6006 Berkeley Avenue, Baltimore, MD 21209	
	ive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual) Pitlor, Joel R.	
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Precision Optics Corporation, Inc., 22 East Broadway, Gardner, MA 01440	
	ive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)	The officer
Miles, Richard	
Business or Residence Address (Number and Street, City, State, Zip Code)	
c/o Precision Optics Corporation, Inc., 22 East Broadway, Gardner, MA 01440	
Check Box(es) that Apply: Promoter Beneficial Owner Execut	ive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
c/o Precision Optics Corporation, Inc., 22 East Broadway, Gardner, MA 01440	
	ive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual) Major, Donald A.	
Business or Residence Address (Number and Street, City, State, Zip Code)	
c/o Precision Optics Corporation, Inc., 22 East Broadway, Gardner, MA 01440	
Check Box(es) that Apply: Promoter Beneficial Owner Execut	ive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)	
Forkey, Richard E.	
Business or Residence Address (Number and Street, City, State, Zip Code)	
c/o Precision Optics Corporation, Inc., 22 East Broadway, Gardner, MA 01440	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Execut	ive Officer 🔲 Director 🔲 General and/or Managing Partner
Full Name (Last name first, if individual)	
Forkey, Joseph N.	
Business or Residence Address (Number and Street, City, State, Zip Code)	
c/o Precision Optics Corporation, Inc., 22 East Broadway, Gardner, MA 01440	
	ive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)	
Pieniazek, Michael T. Business or Residence Address (Number and Street, City, State, Zip Code)	W. M
c/o Precision Optics Corporation, Inc., 22 East Broadway, Gardner, MA 01440	

						B. INFO	RMATIO	N ABOU	T OFFER	UNG					
1.	Has the	issuer sol	d, or does th	he issuer in	tend to sell,	to non-acc	redited inve	estors in thi	s offering?					Yes	No ⊠
					A	Answer also	in Append	lix, Column	2, if filing	under ULO	E.				
2.	What is	the minin	num investr	nent that w	ill be accep	ted from an	y individua	ıl?					•••••	\$ N/A	
3.	Does th	e offering	permit join	ıt ownership	of a single	unit?		***************************************					******	Yes	No
			•	·	-									\boxtimes	
4.	remune person	ration for : or agent of	solicitation f a broker o	of purchase r dealer reg	ers in conne istered with	ection with s the SEC at	sales of sec	aid or giver urities in th a state or sta ler, you ma	e offering. ites, list the	If a person name of th	to be listed e broker or	is an associ dealer. If r	iated nore than		
Full N N/A	lame (1.a	st name fi	rst, if indivi	idual)											
	ess or Ro	esidence A	ddress (Nu	mber and S	treet, City,	State, Zip C	lode)								
Name	of Asso	ciated Bro	ker or Deal	er											
States	in Whic	h Person 1	isted Has S	Solicited or	Intends to S	Solicit Purc	hasers								
((Check "	All States'	or check in	ndividual S	tates)							All States			
Ì	[AL] [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	(CT) [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]		
	[MT] [RI]	[NE] [SC]	[NV] [SD]	(NH) [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]		
Full N	lame (1.a	st name fi	rst, if indivi	idual)											
Busin	ess or Re	esidence A	ddress (Nu	mber and S	treet, City,	State, Zip C	lode)								
Name	of Asso	ciated Bro	ker or Deal	er									· -		
States	in Whic	h Person 1	isted Has S	Solicited or	Intends to S	Solicit Purc	hasers			<u> </u>					
(Chec	k "All S	tates" or ch	neck individ	lual States)		·····						All States			
ĺ	[AL] [IL] [MT]	(AK) (IN) (NE)	[AZ] [IA] [NV]	[AR [KS] [NH]	[CA] [KY] [NJ]	[CO] [LA] [NM]	[CT] [ME] [NY]	[DE] [MD] [NC]	[DC] [MA] [ND]	[FL] [MI] [OH]	[GA] [MN] [OK]	[HI] [MS] [OR]	[ID] [MO] [PA]		
	[RI]	[SC]	[SD] rst, if indivi	[TN]	[TX]	[ບາງ	[VT]	[VA]	[WA]	[wv]	[wi]	[WY]	[PR]		
						C	N. J. N								
			`	mber and S	reet, City,	State, Zip C	.ode)								
Name	of Asso	ciated Bro	ker or Deal	er											
States	in Whic	h Person L	isted Has S	Solicited or	Intends to S	Solicit Purc	hasers								
(Chec	k "All S	ates" or cl	neck individ	lual States)			•					All States			
[[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] {SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	(DC) [MA] [ND] [WA]	(FL) [MI] [OH] (WV)	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	(ID) (MO) (PA) (PR)		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF	PROCEEDS	
١.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	s ince	s
	Equity .	\$	s
	☐ Common ☐ Preferred] 3
	Convertible Securities (including warrants)	\$	s
	Partnership Interests		S
	Other (Specify) 10% Senior Secured Convertible Notes and Warrants to Purchase Common Stock		1
		\$ 600,000	\$ 600,000
	Total	\$ 600,000	\$ 600,000
2			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	3	\$ 600,000
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505		S
	Regulation A		\$
	Rule 504		S
	Total		S
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		s
	Printing and Engraving Costs		s
	Legal Fees	×	\$ 90,000
	Accounting Fees		S
	Engineering Fees		S
	Sales Commissions (specify finders' fees separately)		S
	Other Expenses (identify)		S
	Total	□ ⊠	S 90.000
	• *************************************	VV	1 -2 / 0.000

	C. OFFERING PRI	LE, NUMBER OF INVESTORS, EATENSES AND	USE OF TROCEEDS		
4.		ering price given in response to Part C - Question 1 and on 4.a. This difference is the "adjusted gross proceeds to		\$ 510,000	
	153461.			\$ 210,000	
5.	the purposes shown. If the amount for any purpose	roceeds to the issuer used or proposed to be used for ease is not known, furnish an estimate and check the box ed must equal the adjusted gross proceeds to the issuer	to the		
			Payments to		
			Officers, Director		
			& Affiliates	Payments To Others	
	Salaries and fees		\$	\$	
	Purchase of real estate		\$	\$	
	Purchase, rental or leasing and installation of mac	hinery and equipment	\$	\$	
	Construction or leasing of plant buildings and fac	ilities	\$	□ \$	
	Acquisition of other businesses (including the val offering that may be used in exchange for the assepursuant to a merger)		\$	□ \$	
	Repayment of indebtedness		\$	□ \$	
	Working capital		\$	⊠ \$ 510,000	
	Other (specify):		\$	□ \$	
	Column Totals		\$	⊠ \$ 510,000	
	Total Payments Listed (column totals added)		. ⊠ \$ 510,000		
		D. FEDERAL SIGNATURE	<u> </u>		
`he	issuer has duly caused this notice to be signed by the	e undersigned duly authorized person. If this notice is	filed under Rule 505, the following	owing signature constitutes	
n u	ndertaking by the issuer to furnish to the U.S. Secur	rities and Exchange Commission, upon written request	of its staff, the information fu	rnished by the issuer to any	
	accredited investor pursuant to paragraph (b)(2) of		T.D-4-		
	uer (Print or Type) ecision Optics Corporation, Inc.	Signature Ailmayel	Date July / 1 , 2008		
	me of Signer (Print or Type) ichael T. Pieniazek	Title of Signer (Print or Type) Chief Financial Officer and Clerk			

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

